



Rochester-Monroe  
Anti-Poverty Initiative at  
United Way of Greater Rochester

**GUIDING PRINCIPLES:**  
Mobilizing our Community  
to Achieve Self-Sufficiency

March 2016





By adopting these principles, our community will take the first step toward creating the conditions necessary to reduce poverty in Rochester and Monroe County.



## CONTENTS

Introduction	3
Resource Teams	4
Community Building	7
Structural Racism	11
Trauma	17
Conclusion	22
Appendices	24
Appendix A: <i>Results of Local Poll on Racial Opinions</i>	25
Appendix B: <i>Community Building Principles     with Strategies and Tactics</i>	26
Appendix C: <i>Examples of the Impact of Trauma</i>	31

## INTRODUCTION

The Rochester-Monroe Anti-Poverty Initiative at United Way (RMAPI) is an unprecedented community-wide effort to reduce poverty in the Rochester and Monroe County region by 50 percent over the next 15 years. This initiative is made possible by extraordinary collaboration on the part of community leaders, local and state government, service providers and practitioners, faith institutions, volunteers, youth advocates and importantly, people impacted by poverty.

RMAPI began in early 2015 with extensive community engagement, research and a rigorous design process that resulted in a roadmap for advancing the initiative. Community workgroups developed recommendations for addressing poverty-related barriers in the Rochester and Monroe County region with a specific focus on childcare, education, health and nutrition, housing, jobs and workforce development, justice system, safe neighborhoods and transportation.

In September 2015, RMAPI released its first progress report, entitled “A Roadmap for Change.” As described in the report, three common themes consistently arose from all of the workgroups:

BUILD AND SUPPORT OUR COMMUNITY

ADDRESS STRUCTURAL RACISM

ADDRESS TRAUMA

### Guiding Principles

RMAPI developed the principles found in the following pages over the course of two months of intensive work from November 2015 to January 2016. These principles will inform the work of RMAPI going forward. In addition, they will serve more broadly as a guide for community decision-making. The recently released IBM Smarter Cities Challenge report reinforces the need for the Rochester community to shift the mindset, change practices and foster neighborhood healing. By adopting these principles, our community will take the first step toward creating the conditions necessary to reduce poverty in Rochester and Monroe County.



### GOAL

Reduce poverty in the Rochester and Monroe County region by 50% over the next 15 years



### WORKGROUPS' FOCUS

Education  
Health and Nutrition  
Housing  
Jobs and Workforce Development  
Justice System  
Safe Neighborhoods  
Childcare  
Transportation

## RESOURCE TEAMS

In order to arrive at the principles described below, RMAPI formed three resource teams and recruited individuals with expertise or relevant experience in each area—community building, structural racism and trauma—including at least one community member impacted by poverty on each team, and ensured that there was diversity across race and gender. Resource teams consisted of 14–15 members to maintain efficiency and efficacy.

The approach of RMAPI is to build on current community assets and leverage existing resources. Therefore, as part of the recruitment process RMAPI identified groups already engaged in each area and invited them to join the resource team. For example, in the area of structural racism, natural partners included FR=EE (Facing Race, Embracing Equity), YWCA and Unite Rochester. Individuals from each of these organizations joined the Structural Racism Resource Team. In the area of trauma, RMAPI invited members of an existing work group convened by the Wilson Foundation and the Rochester Area Community Foundation and made up of providers working to institute trauma-informed practice changes into their daily operations, as well as local trauma researchers and experts. For community building, RMAPI included community development organizations like North East Area Development and youth engagement agencies like Teen Empowerment.

Team members were asked to commit to weekly meetings over the course of eight weeks. Resource team co-chairs—made up of an RMAPI Steering Committee member and a community leader—worked closely with RMAPI staff to guide the team’s work.

RMAPI is extraordinarily grateful for the time, thought and energy brought to this process by the following team members:

### COMMUNITY BUILDING RESOURCE TEAM

George Moses, *Co-Chair*  
Director, North East Area Development (NEAD)  
and CDF Freedom Schools

Shaun Nelms, *Co-Chair*  
Deputy Superintendent, East High School

Doug Ackley  
Director, Teen Empowerment

Pierre Dorancy  
Housing Manager, Rochester Housing Authority

Jackie Dozier  
Program Coordinator, Minority Health Initiatives,  
Trillium Health

Adrian Elim  
Member, B.L.A.C.K. Rochester, Brothahood Productions

Robert Frazier  
Community Member

Daryl Gaston  
Sergeant, Rochester Police Department

Evelyn Holmes  
Customer Service Representative, Excellus  
BlueCross BlueShield

Tanishia Johnson  
Program Coordinator, Pathways to Success,  
Rochester City School District

Ray Mayoliz  
Manager, Youth Outreach and Violence Prevention,  
City of Rochester

Melany Silas  
Associate Professor, Monroe Community College;  
Principal, MJS Productions

Ryan Van Alstyne  
Associate Director, Group 14621 Neighborhood  
Association

Tracy Williams  
Business Owner, Founder of “We The People,”  
a grassroots movement

Clianda Yarde  
Community Member

STRUCTURAL RACISM RESOURCE TEAM

Reverend Marvin McMickle, *Co-Chair*  
President, Colgate Rochester Crozer Divinity School

James Norman, *Co-Chair*  
President & CEO, Action for a Better Community, Inc.;  
Co-Chair, Facing Race, Embracing Equity (FR=EE)

Hanif Abdul-Wahid  
Community Liaison for Neighborhood Initiatives,  
Monroe County Department of Planning and Development

Marcus Bliss  
Community Member

Michael Boucher  
Co-Director of Counseling and Community Works,  
St. Joseph's Neighborhood Center

Jean Carroll  
President & CEO, YWCA of Rochester and Monroe County,  
Stand Against Racism Initiative

Minister Clifford Florence  
Assistant Minister, Central Church of Christ

Steve Jarose  
Director, Upstate New York (Rochester) Chapter of  
the National Coalition Building Institute; Member,  
Unite Rochester

Kit Miller  
Director, Gandhi Institute for Nonviolence

John Paul Perez  
Director of Housing Services, Catholic Family Center

Gladys Pedraza-Burgos  
Chief Operating Officer, Ibero-American Action  
League

Julie Philipp  
Senior Engagement Editor, Democrat and Chronicle;  
Member, Unite Rochester

Danielle Ponder  
Assistant Public Defender, Monroe County Public  
Defender's Office

Reverend Lewis Stewart  
President, United Christian Leadership Ministry

## TRAUMA RESOURCE TEAM

Trilby De Jung, *Co-Chair*  
President & CEO, Finger Lakes Health Systems Agency

Christiana Otuwa, *Co-Chair*  
Deputy Superintendent for Teaching and Learning,  
Rochester City School District

Megan Bell  
Executive Director, Wilson Foundation

Anne-Marie Conn  
Instructor, General Pediatrics, University of Rochester  
Medical Center

Melanie Funchess  
Director of Community Engagement, Mental Health  
Association

Mary Hartstein  
Program Associate, Rochester Area Community Foundation

Haqi Jamison  
Community Member

Jeff Kaczorowski  
Senior Advisor, The Children's Agenda; Professor of  
Pediatrics and Vice Chair for Government and Community  
Relations at Golisano Children's Hospital at the University  
of Rochester School of Medicine and Dentistry

Elizabeth Meeker  
Director of Training and Practice Transformation,  
Coordinated Care Services, Inc.; Clinical Consultant  
for the Monroe County Office of Mental Health

Angelica Perez  
Vice President of Quality, Compliance,  
IT and Addiction Services, Villa of Hope

Shanterra Randle-Brown  
Program Coordinator, Teen Empowerment

Jaime Saunders  
Executive Director, Willow Domestic Violence Center

Sheree Toth  
Director, Mt. Hope Family Center

Ruth Turner  
Social-Emotional Coordinator, Rochester City  
School District

## COMMUNITY BUILDING

A common theme expressed by people impacted by poverty is the desire to continue residing in their current neighborhoods. The condition, however, is that these neighborhoods meet their needs. These needs include quality affordable housing, access to nutritious foods, neighborhood safety, quality education, youth development, crisis service alternatives to arrest, community health campuses, local business development and job opportunities, transportation infrastructure and neighborhood community centers that connect individuals to appropriate education, training and other support services.

To arrive at the community building principles, the Community Building Resource Team identified a broad set of goals that would address the needs described above and distilled the goals into principles, framing all discussions with the end in mind. To ensure that the principles were actionable, the group developed strategies and tactics that aligned with the definition of community building to ensure clarity and validated the principles with data, research and evidence-based models. The strategies and tactics can be found in the appendix to this report.



### NEIGHBORHOOD NEEDS

- Quality Affordable Housing
- Access to Nutritious Foods
- Neighborhood Safety
- Quality Education
- Youth Development
- Crisis Service Alternatives to Arrest
- Community Health Campuses
- Local Business Development
- Local Job Opportunities
- Transportation Infrastructure
- Neighborhood Community Centers

## COMMUNITY BUILDING PRINCIPLES

### 1 BUILD RELATIONSHIP EQUITY.

People of all ages and backgrounds need opportunities to interact and build positive relationships.

### 2 ENCOURAGE INTERGENERATIONAL RELATIONSHIP BUILDING.

Communities need to maintain culture and history through intergenerational ties.

### 3 CREATE LEARNING COMMUNITIES.

School buildings need to be places of opportunity for everyone in the community, providing social services, recreation, adult education classes, etc.



**4 PROMOTE NEIGHBORHOOD VOICE AND COMMUNITY-INFORMED DATA.**  
The use of community-informed data gathered through community engagement needs to be prioritized and valued.

---

**5 INCREASE SOCIAL-EMOTIONAL AND BEHAVIORAL SUPPORTS.**  
School-aged children and families should have social-emotional and behavioral supports available to them through various settings, e.g. schools, health centers, recreational programs, etc.

---

**6 PROVIDE AFFORDABLE, QUALITY, NEIGHBORHOOD-BASED CARE.**  
Affordable, quality, neighborhood-based care and services need to be prioritized.

---

**7 INCREASE NEIGHBORHOOD FINANCIAL STABILITY.**  
Homeownership needs to be a viable option in order to promote neighborhood stability, access to equity and generational, transferable income.

---

**8 PROMOTE ECONOMIC SELF-SUFFICIENCY WITHIN THE COMMUNITY.**  
Everyone that is able needs to have an opportunity to work, become self-sufficient and build assets.

---

**9 ENCOURAGE COMMUNITY RELIANCE.**  
Local spending at small businesses and shops needs to be prioritized and economic investment should be aligned with the needs of the community as defined by the community.

---

**10 LIFT NEIGHBORHOOD VOICE AND CREATE SHARED POWER.**  
The vitality of neighborhoods depends on neighborhood voice, building on existing assets in the community and shared power.

---

**11 EXPAND AWARENESS OF ALTERNATIVE EDUCATIONAL OPPORTUNITIES.**  
Skilled trades education needs to be viewed as a viable alternative to a two- or four-year college education.

12

**CREATE MEANINGFUL EMPLOYMENT OPPORTUNITIES.**

Job opportunities geared toward improving the community should be available to adults and youth within the community.

---

13

**ALIGN EXISTING RESOURCES.**

Alignment of existing resources should be encouraged and the advancement of new businesses should take place within neighborhoods.

---

14

**ENFORCE POLICIES AND HOLD PEOPLE ACCOUNTABLE.**

Government policies, regulations and waivers need to be enforced and violators need to be held accountable.

---

15

**OFFER ALTERNATIVES TO INCARCERATION.**

Connect people to needed services when possible as an alternative to arrest, e.g. treatment for substance use.



A common theme expressed by people impacted by poverty is the desire to continue residing in their current neighborhoods. The condition, however, is that these neighborhoods meet their needs.

## STRUCTURAL RACISM

Structural racism can be defined as “a system in which public policies, institutional practices, cultural representations and other norms work in various, often reinforcing, ways to perpetuate racial group inequity. [Structural racism points to] dimensions of our history and culture that have allowed privileges associated with ‘whiteness’ and disadvantages associated with ‘color’ to endure and adapt over time.”<sup>1</sup>

The Structural Racism Resource Team drew on the Aspen Institute’s Racial Equity Theory of Change (RETOC) for its work. Using this tool, the team developed three key outputs:

A RACIAL EQUITY STATEMENT	RACIAL EQUITY PRINCIPLES	A COMMUNITY ASSESSMENT TOOL
Statement to provide historical context for understanding structural racism.	Principles for systems, institutions and individuals.	Assessment tool to allow individuals and groups to evaluate whether or not they may be engaging in practices that continue to perpetuate structural racism.

### **Race and place will no longer be predictive of healthy development and readiness for success in life.**

The greatest obstacle to progress in the area of race relations in the United States in general, and in the Greater Rochester community in particular, is not an absence of programs or policies regarding housing, employment, education or social interaction. The greatest obstacle to improved race relations in this country and in our community is the nearly 400-year legacy of racial hierarchy and privilege that informs how the dominant society perceives and interacts with all other racial and ethnic groups.

Americans have inherited this cultural presumption of racial hierarchy and privilege that has allowed inequities in so many areas of communal life to persist for centuries. The slow progress toward equity in economic resources, political strength, educational attainment and professional advancement is the result of a cultural assumption that favors whites over other ethnic groups not based solely upon merit or natural selection. Rather, the assumption is founded in long existing prejudices that have intentionally, systematically and sometimes forcefully limited opportunities and access based almost entirely upon racial group classification. For example, the growth of Rochester’s African American population during the early post-World War II era was met with overt housing discrimination substantially permitted and protected by law. Residential segregation remains with us to this day.<sup>2</sup>

<sup>1</sup> From <http://www.aspeninstitute.org/sites/default/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf>

<sup>2</sup> From ACT Rochester: <http://www.actrochester.org/sites/default/files/Poverty%20Report%20for%20Web.pdf>

However, as recent history has proven, there continues to be enormous resistance to even the most minor efforts to bring about equity in the areas of employment, housing, access to education and voting rights. Even now, in 2016, there are active efforts to limit voting rights, low- and moderate-income housing in suburban communities, equal access to jobs and promotions and improved representation in all aspects of the media among Black and Hispanic/Latino Americans.

None of this is because of any rational explanation. Instead, the resistance to progress reflects the continuing legacy of post-slavery America wherein black people have been an unwanted and an unwelcome presence. The notable achievements and contributions of Black and Hispanic/Latino Americans have only marginally made their way into the history books of the United States. Similarly, the economic consequences of 250 years of slave labor that served to build the wealth of entire sectors of American society have never been considered or calculated.

Structural racism was already at work in the 17<sup>th</sup> and 18<sup>th</sup> centuries when most of the schools in the Ivy League were resistant to the idea of admitting black students. At the same time, those schools were initially built and endowed by the fruits of slave labor and their students were often the sons and daughters of slave owners whose tuition was paid by the profits generated by an unpaid and cruelly treated labor force. Degrees from those schools opened doors of opportunities that remained closed to blacks and other ethnic groups for hundreds of years. This one early example of racial hierarchy and privilege, sustained over a 400-year period of time, has greatly contributed to today's inequities.

Until these facts are acknowledged and their consequences have been understood in terms of advantages for some and disadvantages for others, the reality of racial inequities in American society will continue unabated. It is impossible to understand how a city like Rochester, New York can have such staggering levels of concentrated, extreme poverty as well as extreme wealth without also understanding this history of racial hierarchy and the resulting politics and policies.<sup>3</sup>

## HISTORICAL OBSTACLES

The greatest obstacle to improved race relations in this country and in our community is the nearly 400-year legacy of racial hierarchy and privilege that informs how the dominant society perceives and interacts with all other racial and ethnic groups.

---

<sup>3</sup> Literature that informed this section: *The New Abolition* by Gary Dorrien, *Ebony and Ivy* by Craig Steven Wilder, *Origins of the Civil Rights Movement* by Alton Morris and *The Unmeltable Ethnics* by Michael Novak

### Racial Equity Principles

As previously described, the Structural Racism Resource Team developed a set of principles to guide systems, institutions and individuals in addressing structural racism and exercising critical judgment before taking action. These principles can be applied in a range of settings, including employment practices, educational approaches, provision of social services and individual interactions, to name a few.

#### PRINCIPLES FOR SYSTEMS

In a racially equitable system, race and place will no longer be predictive of healthy development and readiness for success in school and life. Racially equitable systems and organizations will:

- 1 ALLOW PEOPLE TO REACH FULL POTENTIAL.**  
Ensure that all persons have an opportunity to develop and reach their full potential without experiencing discrimination or bias within the system.

---

- 2 PROVIDE EQUITABLE OPPORTUNITIES.**  
Ensure that any and all systems (e.g., education, human service, health, etc.) provide equitable opportunities and resources for excellent educational and developmental outcomes for persons from groups historically discriminated against due to race.

---

- 3 ACT.**  
Take action to correct or respond to discrimination.

---

- 4 REFLECT DIVERSITY.**  
Intentionally build leadership at all levels that reflects the racial diversity of the population served.

---

- 5 BE RESPONSIVE TO NEEDS.**  
Recognize and provide culturally and linguistically responsive services.

## PRINCIPLES FOR INSTITUTIONS

Using a racial equity lens, we will exercise critical judgment before taking action. Key principles of critical judgment that we seek to embody include:

### 6 ENGAGE COMMUNITIES.

We will strengthen relationships with community partners and advocates to see and access our diverse populations through their lenses. We will demonstrate true partnership with our local communities by listening to the voices of persons directly affected and stakeholders with humility and respect while integrating it into our advice and recommendations.

---

### 7 USE DATA AND EVIDENCE-BASED PRACTICES.

We will ensure our recommendations for policies and programs are informed by data, while identifying current gaps and disparities and highlighting what works best for different communities. We will involve communities in identifying relevant data to ensure the collection and analysis is culturally appropriate and informed.

---

### 8 CUSTOMIZE SERVICES FOR INDIVIDUALS AND COMMUNITIES.

We will ensure that individualized services are provided to children, families and practitioners at their specific level of need. We will allow our community to inform and guide our services.

---

### 9 CREATE DIALOGUE.

We will maintain an open dialogue with intentional efforts focused on education, communication and partnership to eliminate barriers and disparities. Internal and external communication efforts will be centered on inclusion and outcomes.

---

### 10 REFLECT COMMUNITY DIVERSITY.

We will ensure that governance structures, boards of directors and other leadership bodies reflect the diversity of the communities being served.

PRINCIPLES FOR INDIVIDUALS

Using a racial equity lens, I will exercise critical judgment before taking action. Key principles of critical judgment that I seek to embody include:

**11 TAKE RESPONSIBILITY.**

I will take responsibility for what I have inherited— structural racism, systemic oppression and bias— and not be discouraged by the magnitude of these problems as I try to help create change.

---

**12 PUSH MYSELF.**

I will go beyond my comfort zone to model the words and behaviors that I want others to adopt. I will hold every moment with others as sacred and teachable.

---

**13 BE DILIGENT.**

I will deliberately think about racial equity whenever determining a course of action so that it best serves children, families and professionals.

---

**14 DO MY BEST.**

I will do my best to live by these principles and learn from both my successes and failures.

---

**15 KEEP LEARNING.**

I will set personal learning goals to continuously cultivate my will, develop my skill sets and knowledge and track my progress.



In addition to the racial equity statement and principles, the Structural Racism Resource Team developed a questionnaire (see below) that can be further refined as an organizational assessment tool with a scoring system to evaluate the racial equity impact of new or existing programs or policies.

## SAMPLE RACIAL EQUITY ASSESSMENT QUESTIONNAIRE

### Equity Data Analysis

- Identify the targeted beneficiaries/participants central to this initiative.
- What racial inequities exist in the target area with respect to the proposed service, program or policy?
- What are the root causes of the aforementioned inequities?
- What specific strategies will be employed to decrease the identified inequities?

### Inclusion

- How have the targeted beneficiaries/participants been involved in the development of the proposed program or policy?
- How will targeted beneficiaries/participants play a central role in program or policy implementation and evaluation?
- What technical assistance will be made available to facilitate the inclusion of targeted beneficiaries/participants?

### Community Development

- How will the proposed program or policy build upon the experiences and natural leadership<sup>4</sup> of the targeted beneficiaries/participants?
- How will the proposed program or policy improve the capacity for self-sufficiency of the targeted beneficiaries/participants?

### Organizational Readiness

- What is the racial/ethnic makeup of the governing board of the proposing organization?
- What is the organization's experience with the targeted beneficiaries/participants?
- What systems are in place to address internalized racial oppression<sup>5</sup> and internalized racial superiority<sup>6</sup>?

### Accountability

- How will the program's proposed outcomes and racial equity impacts be evaluated over time?

### Feasibility and Sustainability

- Do resources requested provide for engagement, evaluation and a minimum of three (3) years of operations?

<sup>4</sup> "Natural leadership" means people leading where they are, not necessarily graced with a formal title, but having the capacity to make things happen.

<sup>5</sup> Internalized racial oppression (or self-hate) is when a member of an oppressed group believes and acts out the stereotypes created about their group by the dominant group. [Adapted from <http://www.allisonj.org/non-profit-work/internalized-oppression-and-its-impact-on-social-change/>] "It is a peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity." —W.E.B. Du Bois, *The Souls of Black Folks* (1989 [1903]:3)

<sup>6</sup> The acceptance of and acting out of a superior definition is rooted in the historical designation of one's race. Over many generations, this process of empowerment and access expresses itself as unearned privileges, access to institutional power and invisible advantages based upon race. From <http://www.pisab.org/our-principles>

## TRAUMA

Science has demonstrated that trauma is more common than we first understood and produces long-term effects that impact how a person views and responds to the world. Traumatic events such as abuse and neglect, growing up with a parent who struggles with mental illness or substance dependence or living in an unsafe neighborhood can impact development, affecting the areas of the brain that regulate impulse control, executive functioning and emotional and fear responses. Repeated exposure to trauma can have physical effects as well, increasing the likelihood of heart disease and cancer, and can result in a 20-year difference in life expectancy.

The Trauma Resource Team engaged in a powerful and oftentimes personal process to create the principles and supporting materials found below. The team defined the terms “trauma” and “vicarious trauma” and identified why it is important for our community to understand trauma, particularly as part of our anti-poverty efforts. The group categorized the different types of trauma into individual, household, community and systemic, and developed a series of real-life examples of trauma to build context and enhance understanding. These examples can be found in the appendix to this report.

### What is trauma?

Trauma is a response to a real or perceived threat. It can be experienced by an individual or a community. Trauma can lead to adverse effects that damage health, relationships and personal development and impact daily living, such as parenting, education and work.

Vicarious trauma is defined as the stress reactions and symptoms that result from exposure to another person’s traumatic experiences. Vicarious trauma can occur among persons who provide services to those who have experienced trauma as they become witness to the pain, fear and terror that trauma survivors have endured.

### Why is understanding trauma important to anti-poverty efforts?

Trauma causes and sustains disadvantages over a lifetime. Without addressing underlying trauma, efforts to combat poverty—through job creation, early education, adult mentoring efforts and changes in systems—will not be as effective or sustainable.

By understanding the pervasive nature of trauma, we can promote environments of healing and recovery to build on the resilience within people and avoid practices and services that may inadvertently re-traumatize individuals. At the organizational level we can address trauma to reduce burnout and increase employee satisfaction, enabling us to retain key talent and institutional knowledge, and ultimately saving resources and strengthening systems overall. Recognizing and addressing trauma must be at the very core of anti-poverty efforts if we are to be successful.

## Types of Trauma

### INDIVIDUAL



- Abuse (emotional, physical, sexual)
- Neglect (emotional, physical, educational, medical)

### HOUSEHOLD



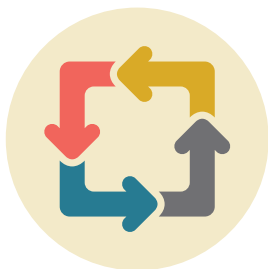
- Domestic violence/intimate partner violence
- Household substance abuse
- Household mental illness
- Incarcerated household member
- Parental separation or divorce

### COMMUNITY



- Gun violence
- Systemic neglect
- Lack of equitable public services and amenities

### SYSTEMIC



- Punitive and unsupportive systems of care
- Exposure to providers and systems that are not trauma-responsive



Without recognizing and understanding trauma, we run the risk of assuming the wrong thing is needed and providing services that are neither appropriate nor effective.

### How does trauma affect our community?

- 64% of U.S. adults reported a history of childhood trauma as part of the Adverse Childhood Experiences (ACEs) study, the largest national research project of trauma conducted in the United States.<sup>7</sup>
- 70% of youth (average age 16 years old) in Monroe County and 87% of youth in the Rochester Central School District (RCSD) experienced traumatic life events. Over a quarter (28%) of Monroe County youth and 40% of RCSD youth reported three or more of these traumatic life events.<sup>8</sup>
- 90% of 4- to 5-year-olds at a local pediatric practice were reported to have had at least one ACE and almost 30% had three or more.<sup>9</sup> The majority of the children were publically insured City of Rochester residents.
- 93% of homeless families reported a history of trauma and 81% experienced multiple traumatic events among women participating in a study in Rochester, Buffalo, Syracuse and Albany.<sup>10</sup> The most common type of trauma was interpersonal violence.

## TRAUMA-RESPONSIVE PRINCIPLES

### 1 SHIFT THE THINKING.

Change the lens from “What’s wrong with you?” to “What has happened to you?” Recognize that people show up with histories and backgrounds that make up the whole person, not just the immediate crisis of the day. Shift from a punitive to a supportive approach.

### 2 RECOGNIZE THE “ICEBERG.”

We often only see the tip of the challenges facing an individual without having the full picture of what is underneath the surface. This is important as we often treat only the tip, continuing the cycle rather than truly addressing core issues and challenges.

### 3 SUSPEND JUDGMENT.

Engage and interact without judgment or shaming to build trust and better understand the “why” of the individual’s choices and behaviors.

<sup>7</sup> Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards VE, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) study. *American J of Prevent. Medicine.* 2008; 14(4):245-258.

<sup>8</sup> 2014-15 Monroe County Youth Risk Behavior Survey Report

<sup>9</sup> Marie-Mitchell A, O’Connor TG. Adverse childhood experiences: translating knowledge into identification of children at risk for poor outcomes. *Acad Pediatr.* 2013;13(1):14–9.

<sup>10</sup> <http://www.familyhomelessness.org/media/389.pdf>. The Service and Housing Interventions for Families in Transition (SHIFT) Longitudinal Study examined the effectiveness of different housing and service models in helping homeless families establish and maintain residential stability and self-sufficiency. The study revealed a critical new finding: the severity of trauma symptoms predicted residential instability.

## 4 TAKE A PERSON-CENTERED APPROACH.

Support person-centered pathways to healing by maximizing individuals' autonomy, choices and control over their circumstances rather than telling people what to do. Recognize that every person's experience is unique and requires an individualized approach. Offer options to empower and inform rather than perpetuate victimhood, lack of accountability and dependence, as in, "you should do this" vs. "you have several options."

---

## 5 BE CULTURALLY RESPONSIVE.

Approach each interaction with cultural humility and cultural competence. Understand each person in the context of their life experiences (cultural humility). Actively move past cultural stereotypes and biases and enhance understanding of individuals' cultural background, race/ethnicity, gender, sexual orientation, age, etc. (cultural competence). Leverage the healing value of traditional cultural connections and recognize and address historical trauma, racism and racial microaggressions.<sup>11</sup>

---

## 6 BUILD TRUST THROUGH CONSISTENCY AND TRANSPARENCY.

Set up interactions to build trust, e.g. one worker as the point of contact vs. many, which requires that the person tell their story again and again. Be transparent: service providers need to be clear about their roles, what they can and can't do and follow through on what they say they will do.

---

## 7 FOCUS ON RESILIENCE.

Build on the individual's strengths rather than the details of their traumatic history. Focus on what is strong and good about the person. Believe in the ability of individuals, organizations and communities to heal and promote recovery from trauma, rather than responding to perceived deficits.

---

## 8 CREATE SAFE SPACE.

Commit to emotional, physical and environmental non-violence. Develop physical space that is not re-traumatizing, e.g. choose colors that are soothing in waiting rooms. Ensure the safety of providers and those receiving services.

---

## 9 UNDERSTAND THE SCIENCE.

Trauma impacts decision-making, coping strategies, brain development and overall health. To be effective, interventions and services should be developed with this understanding.

---

<sup>11</sup>Racial microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color. Perpetrators of microaggressions are often unaware that they engage in such communications when they interact with racial/ethnic minorities. Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. *American Psychologist*, 62(4), 271.

## 10 USE WHAT WORKS.

Implement evidence-based and evidence-informed practices whenever possible.

---

## 11 PROVIDE CARE FOR THE CAREGIVERS.

Prioritize staff wellness to avoid vicarious traumatization and burnout. Recognize that many staff have their own personal experiences of trauma. Ensure that providers and staff are attentive to the effects of trauma on the caregiver/family members of individuals who experience trauma.

---

## 12 SHARE POWER.

Work to reduce imbalances of power between clients and staff. Service providers must be clear and transparent with information, developing a partnered relationship with clients that provides sufficient information to allow clients to make informed decisions in a timely manner.

---

## 13 BUILD AND ENSURE TRAUMA-RESPONSIVE SYSTEMS.

Develop data systems and data bridging mechanisms that provide the full view of the person and eliminate the need for the individual to tell their story over and over again to multiple providers and agencies. Provide services through a multidisciplinary and cross-agency approach. Allocate public resources to reduce and prevent trauma.

### What does it mean to be “trauma responsive”?

Trauma-responsive care is an approach that explicitly acknowledges the impact of trauma on those served, as well as on the workforce providing services, and integrates that understanding into all aspects of service delivery. This helps to create a culture that promotes recovery, healing and resilience and helps to actively avoid re-traumatization.

If we are to thrive as a community it is imperative that we develop systems that facilitate the development of structures, processes and policies that can counteract trauma. We can look to the Americans with Disabilities Act (1990) for a model. The ADA mandates that a wide range of civic and cultural organizations construct their environments so that events are accessible to persons with a range of special needs. As a result, concerts and museums now provide wheelchair access, most theaters have at least one performance that provides sign language for the hearing impaired and convenient parking at restaurants and shops is set aside for patrons who cannot walk long distances. These organizations are not delivering specific services for persons with disabilities. Instead, by becoming “disability-responsive”, they are making their services truly available to all people. By becoming trauma-responsive, our community can offer services and programs more effectively and support people on their journey to self-sufficiency.





## CONCLUSION: PUTTING THE PRINCIPLES INTO PRACTICE

Reducing poverty in the Rochester region can only be successful if we address the barriers keeping individuals and families from moving out of poverty and toward self-sufficiency. Primary among those barriers are structural racism, trauma and the need for community building.

The guiding principles presented by the Rochester-Monroe Anti-Poverty Initiative at United Way provide a framework for addressing these barriers and shifting our community's values by incorporating them into decision-making in areas including service design, employment practices, school initiatives, funding requirements, personnel policies and more across a wide range of organizations and systems<sup>12</sup>, like:

- Employers
- Nonprofit service providers
- Public service providers
- Health and mental health care providers
- Schools and educational settings
- Funders
- Policy makers
- Criminal justice and law enforcement

In order to succeed in achieving our goal—to enable every child and family in our region to live in a stable environment where the promise of economic mobility is a reality—we need a paradigm shift in our community. Adoption of the principles laid out in this report is the first step on that journey.

---

<sup>12</sup>Recognizing that groups may be willing to adopt the principles but be unfamiliar with how to implement them, RMAPI will be exploring options for training, mentoring and standardized evaluation.





# APPENDICES

Rochester-Monroe  
Anti-Poverty Initiative at  
United Way of Greater Rochester

March 2016

---

## APPENDIX A

### Results of Local Poll on Racial Opinions

A December 2015 poll commissioned by the Democrat and Chronicle and the Rochester Area Community Foundation surveyed Monroe County residents on their racial opinions. Highlights can be found below:

- 65% of respondents agreed that racial discrimination is either a very significant or somewhat significant problem in Monroe County. That's up significantly from 47% in 2012. The number of white residents who agreed that discrimination is a significant problem leaped from 44% three years ago to 64%.
- Only one in five respondents said relations between African American and white residents in Monroe County have improved in the past couple of years, down from one in three in 2012. Much of the decline was among white respondents. Results were similar for a question about white and Hispanic people.
- Two-thirds of white people and 54% of Hispanic respondents said they believe that minorities have as good a chance as white people in landing jobs for which they are qualified. Only a third [33%] of African American people agreed with this statement.

For more information: <http://www.democratandchronicle.com/story/news/2016/01/31/unite-rochester-poll-racism-monroe-county/79197722/#>

## APPENDIX B

To ensure that the Community Building principles were actionable, the resource team developed strategies and tactics that aligned with the definition of community building and validated the principles with data, research and evidence-based models. The strategies and tactics can be found below.

### COMMUNITY BUILDING PRINCIPLES

#### 1 Build Relationship Equity.

People of all ages and backgrounds need opportunities to interact and build positive relationships.

Strategies	Tactics
Create pipelines to expand positive social capital within neighborhoods.	Organize community-driven social events such as race and class dialogues, block parties, neighborhood gatherings, etc.
Expose youth and adults to new and different settings and learning opportunities regionally, nationally and internationally.	Develop means for youth and adults to attend conferences, lectures, events, business expos, etc.

#### 2 Encourage Intergenerational Relationship Building.

Communities need to maintain culture and history through intergenerational ties.

Strategies	Tactics
Develop opportunities for youth and elders to connect, e.g. through oral history projects, transcribing stories from elders, intergenerational dialogue about issues youth and elders face today and how to become partners in addressing those issues.	Employ teams of youth to do door-to-door asset mapping, oral history interviews and dialogue about generational similarities and differences at nursing homes, community centers, libraries, etc.
Encourage cross-generational neighborhood activities and training for intergenerational block leaders.	Increase youth presence in block clubs and neighborhood associations.

#### 3 Create Learning Communities.

School buildings need to be places of opportunity for everyone in the community, providing social services, recreation, adult education classes, etc.

Strategies	Tactics
Expand hours and availability of school buildings as places for job training, neighborhood support services and parent educational advancement.	Host community events at schools during evening/ weekend hours.  Fund and house training programs at schools to meet the needs of the community, e.g. middle skills jobs, financial literacy, etc.

**4 Promote Neighborhood Voice and Community-Informed Data.**  
 The use of community-informed data gathered through community engagement needs to be prioritized and valued.

Strategies	Tactics
Use residents as co-researchers, co-authors and co-implementers.	Use neighborhood facilities as places to study and conduct research.
Bring colleges into neighborhoods to engage residents in participatory action research.	Promote the hiring of diverse staff at local colleges and universities to reflect the neighborhoods they are serving.

**5 Increase Social-Emotional and Behavioral Supports.**  
 School-aged children and families should have social-emotional and behavioral supports available to them through various settings, e.g. schools, health centers, recreational programs, etc.

Strategies	Tactics
Provide culturally responsive training opportunities to individuals who work with children and adults to better equip them to identify, assess and respond to those in need of social-emotional and behavioral supports. This would include being able to provide culturally responsive counseling and/or being able to refer to the appropriate prevention/intervention services.	Partner with local agencies, hospitals and other organizations to offer professional development opportunities in the area of social-emotional and behavioral supports.

**6 Provide Affordable, Quality, Neighborhood-Based Care.**  
 Affordable, quality, neighborhood-based care and services need to be prioritized.

Strategies	Tactics
Build neighborhood capacity and expertise to provide quality health care and childcare.	<p>Prioritize funding for neighborhood-based approaches to health care and childcare.</p> <p>Create policies that include neighborhood-based approaches to health care and childcare.</p> <p>Train and certify neighborhood providers to offer convenient childcare resources to those who need to attend job trainings, interviews, school meetings, etc.</p>

## 7 Increase Neighborhood Financial Stability.

Homeownership needs to be a viable option in order to promote neighborhood stability, access to equity and generational/transferable income.

Strategies	Tactics
Facilitate home buying programs in designated communities.	Partner with local organizations to offer pre- and post-homeownership classes and grant opportunities to families.
Integrate knowledge and information regarding financial literacy into elementary and secondary curricula.	Partner with credit unions and other financial institutions to develop and offer financial literacy and credit education and counseling to students and families.

## 8 Promote Economic Self-Sufficiency within the Community.

Everyone needs to have an opportunity to work, become self-sufficient and build assets.

Strategies	Tactics
Create opportunities for local small businesses and encourage neighborhood-based entrepreneurship.	Assist small businesses and start-ups with loan applications, incubator model, etc.
Develop opportunities for hard-to-place employees.	Provide transitional services to formerly incarcerated, former military service personnel, etc. Provide certificates of relief/rehabilitation for formerly incarcerated. Support “Ban the Box” legislation so that employers remove the check box that asks if applicants have a criminal record and consider a job candidate’s qualifications first, without the stigma of a conviction.
Create opportunities for wealth creation.	Form neighborhood investment co-ops and land trusts. Partner with local institutions like libraries to provide training/seminars on wealth building for adults and expose youth to wealth creation concepts in schools, recreation centers, etc.

## 9 Encourage Community Reliance.

Local spending at small businesses and shops needs to be prioritized and economic investment should be aligned with the needs of the community as defined by the community.

Strategies	Tactics
Promote entrepreneurship training opportunities to expand local businesses.	Partner with local organizations that offer entrepreneurship programs to expand these programs into various settings.
Promote small businesses and resources available within the community.	Advertise local businesses and work with schools and community centers to use more local resources.

## 10 Lift Neighborhood Voice and Create Shared Power.

The vitality of neighborhoods depends on neighborhood voice, building on existing assets in the community and shared power.

Strategies	Tactics
Create opportunities for building connections across race, class and culture through dialogue and participation in a range of community activities.	Create a robust ad campaign to highlight what is in the community, e.g. arts, restaurants, etc.
Infuse models of relationship-building in community building.	Create and promote training on community building to effectively include neighborhood voices.

## 11 Expand Awareness of Alternative Educational Opportunities.

Skilled trades education needs to be viewed as a viable alternative to a two- or four-year college education.

Strategies	Tactics
Increase awareness among youth of the value of skilled trades.	Collaborate with faith institutions, schools and recreation centers to spread the word and inform parents and youth about this option.
Create more opportunities for a skilled trades route when students are still in high school.	Promote recruitment by skilled trades unions, police department, etc. within schools. Offer alternative education and vocational training opportunities that lead to certification options.

## 12 Create Meaningful Employment Opportunities.

Job opportunities geared toward improving the community should be available to adults and youth within the community.

Strategies	Tactics
Significantly increase the number of year-round job opportunities for youth geared toward the betterment of the community or directed toward career paths.	Create community change by utilizing the skills and talents of young people as youth organizers and peer leaders, including those youth that are more difficult to employ. Create organizational succession plans to promote youth into full-time, salaried positions.
Significantly increase the number of job opportunities and career paths for adults.	Develop opportunities for paid apprenticeships, trainee stipends and other paid positions that teach entrepreneurial skills or lead to career paths.

---

## 13 Align Existing Resources.

Alignment of existing resources should be encouraged and the advancement of new businesses should take place within neighborhoods.

Strategies	Tactics
Incentivize businesses to locate and invest in communities.	Create tax incentives for neighborhood businesses.  Promote accountability to ensure follow through and adherence to contractual obligations of businesses seeking to operate within neighborhoods.

---

## 14 Enforce Policies and Hold People Accountable.

Government policies, regulations and waivers need to be enforced and violators need to be held accountable.

Strategies	Tactics
Research and advocate for policies, regulations and waivers that are legislated but not enforced and take responsibility for enforcing them.	Create a task force to ensure violators are held accountable.  Establish a team to identify policies that have not been enforced and determine the financial implications.  Focus media attention on the issue.

---

## 15 Offer Alternatives to Incarceration.

Connect people to needed services when possible as an alternative to arrest, e.g. treatment for substance use.

Strategies	Tactics
Establish a crisis center to intercept individuals before they enter the criminal justice system, with a particular focus on youth.	Fund the crisis center with savings gained by diverting individuals from the prison system.
Empower neighborhoods to resolve problems without police intervention.	Introduce restorative practices, linking police and court resources with communities serving as change agents.

## APPENDIX C

### Examples of the Impact of Trauma

Below are examples of scenarios and real life events that have occurred in our community to help bring to life the complexities and impact of trauma. Note: Names have been changed to protect confidentiality.

#### 1. Trauma Impacts Learning

It makes sense to assume that a girl who was repeatedly raped by a babysitter would have sexual and relationship difficulties. The difficulties of a girl with such a history may be farther reaching and less obviously connected to the abuse, however. Maybe she learned to cope with the abuse by drifting away while it was happening. As her brain learned to cope with this situation, she learned to remove herself from all types of unpleasant situations—even when she wants to be present. This begins a pattern of disassociation from her experience that may become problematic as she tackles any difficult situation—such as learning algebra. She might blame herself for being stupid, absentminded and careless—not realizing that the behavior is a creative and clever way to cope with abuse and saved her life a long time ago. She could seek treatment for a learning disability, without anyone connecting her school issues to her trauma history. And she may well be treated for her learning issues without anyone beginning to question how her problems with concentration began.

#### TRAUMA AND LEARNING

A student who appears to have a learning disability and not be interested in learning may be “disassociating” in response to traumatic events.

#### 2. Poverty and Trauma are Deeply Linked

Four sisters grow up in the city of Rochester with a mother struggling with drug addiction. In early childhood they experience multiple traumas because of parental neglect, intervention by strangers, separation from their parent and each other and adoption into different homes. In adolescence they are reunited with their mother but struggle with rebuilding trust, and they experience a new level of trauma at school and in their peer groups where violence is common and friends are murdered every year.

Because these traumas take place within the context of poverty, there are limited services to address the parental addiction or prevent intervention by strangers or separation of the sisters. There are few services for the girls as adolescents, singly or in groups, when their friends are killed. In other communities not as heavily affected by poverty, response is different and can often be more powerful and empathetic. In other settings, services are often created for traumatized survivors of violence. These young women experience a more indifferent response.

#### TRAUMA AND POVERTY

What at first may appear to be a “difficult” or “noncompliant” client is often an individual trying to survive within conflicting systems that often re-traumatize and trigger the fight or flight response.



As the girls mature they develop survival skills, many of which are ill-suited to school or work places—an emotional distance, a certain level of resentment, anger and mistrust. High school degrees are hard to come by and living wage jobs are almost impossible to retain.

### 3. Trauma Impacts Decision-making in the Workplace

Matisse was born into foster care as a drug-addicted baby. He was eventually adopted by a nice yet emotionally distant family with limited financial resources. While Matisse always had his needs met, he was raised in a poor neighborhood and was often the victim of violence in his community or school. Yet, he wasn't supported or given the tools needed to manage his victimization. At home, his emotions were largely ignored and he never truly felt valued or loved. Thus, Matisse had to learn survival skills both inside and outside the home.

He learned at an early age to provide for and protect himself emotionally and physically. In fact, he was often praised for his autonomy and strength and grew into a very independent and determined young man. However, the emotional neglect he experienced early in life impacted his developing brain and impaired his ability for true success. Matisse was disorganized and disinhibited, exhibiting a disregard for social conventions, impulsivity and poor risk assessment. He struggled to successfully plan and manage his own behavior and had limited control over his emotions. While he had little difficulty obtaining employment he had a great deal of difficulty getting to work on time, remembering key information to get the job done, meeting deadlines and managing his behavior under pressure. Matisse changed jobs often because he was either let go or became bored and impulsively left. With every change in job, he would have extended periods of unemployment and start a new job back at the bottom, often with a cut in pay. Thus, while Matisse appeared successful in his work life, he was in fact, just getting by.

### 4. Vicarious Trauma is Absorbed by Staff and Caregivers

Maria arrives at work and prepares herself for her first appointment. Ariana comes into the office looking exhausted, her eye swollen shut and a toddler on her hip. Maria begins to ask a series of questions. Ariana shares that the day before, her live-in boyfriend chained her to the furnace in the basement, then beat her two children upstairs. He then came down to the basement, beat and sexually assaulted her. She ended up at Strong Hospital and was discharged that morning. Maria takes notes and tries not to think of her own children.

#### TRAUMA AND DECISION MAKING

Trauma impacts brain development—especially the portion of the brain dedicated to decision-making and emotional regulation.

#### TRAUMA AND CARE GIVING

High staff turnover and burnout are a result of prolonged and untreated trauma exposure.

As a survival tactic, it is understandable that staff become numb and distance themselves from the sadness they encounter every day. Trauma exposure has an often-unrecognized toll on staff and ultimately on how services are provided.

On any given day, a worker in a human service agency will hear multiple stories of tragedy and trauma including abuse, rape, drug addiction, violence, despair, fear and anxiety. The stories often hit close to home as many staff are from the same neighborhoods or have experienced similar life challenges. With pay rates ranging from \$20,000 to \$30,000 a year, the staff that are part of the helping systems may not be out of poverty themselves.

Add to this stress interactions with clients who may be “difficult”, verbally abusive to staff and “noncompliant” with the rules given their own trauma and feelings of hopelessness. Both clients and staff can feel powerless within systems that seem to work against them.

The impact of vicarious trauma on service providers is costly, with high turnover, lower quality services and negative health consequences for staff as a result of toxic stress and unhealthy coping mechanisms. Without addressing accumulated vicarious trauma among staff, organizations are not able to serve clients as effectively and provide a true and lasting impact on those that turn to them for help.

## 5. Communities Experience Trauma

The staff members at the Boys and Girls Club were feeling enthusiastic. The scheduled basketball game had gone well, and players and supporters of both teams left the game on a high note. The staff members were proud of the kids and satisfied with an evening that supported their work with high-risk youth. Then, as the crowd was dispersing, the evening was shattered by the sound of gunfire as shots from an AK-47 sprayed the crowd from a passing car. Suddenly, everyone began running for safety. Now, instead of celebrating victory, they were mourning three young men who were killed and four others who were injured. Friends and family members who had been chatting with the young men a few moments before were stunned by the sudden loss of life. Neighbors were wondering how such horrific violence could happen in what was supposed to be a safe environment, and yet somehow, the shooting was also all too familiar.

In the days and weeks that followed, friends and family shared memories of the young men who were overcoming adversity and how their lively personalities would no longer spread joy to those who loved them. The ripple effects spread to others who may not have known the victims but who wondered how they could go about their daily lives when they couldn't get the images of the bodies on the ground or the sounds that night out of their heads. Staff from the school across the street wondered

### TRAUMA IN COMMUNITIES

Traumatic events, such as gun violence in neighborhoods, can leave whole communities in a state of shock.

how to motivate teens to stay in school when many of the students passing the memorials daily were preoccupied with these images by day and woken by nightmares each night. Some used alcohol or drugs to numb the pain. Some carried weapons for protection. Even for those who were not present that night, many questioned how to re-establish a sense of safety in a community that had had shootings every 27 hours throughout the summer. How could the community offer hope or support the development of youth that weren't sure they would live long enough to reach adulthood? Months later—after multiple young people were indicted in connection with the crime—there was some resolution, but the families of both the perpetrators and the victims were forever altered and the community was still wondering why.

## 6. Helping Systems Can Cause Trauma

Joe grew up in a drug-addicted home. His mother was addicted to crack cocaine and his father was incarcerated when Joe was 15 years old. As an adolescent he began to abuse prescription drugs and this quickly evolved to a full-blown heroin addiction. He described his use of substances as a way of escaping and coping with the trauma in his life. Now as a young adult, Joe wanted to make a change. He entered a drug inpatient program and upon successful completion applied for community college. He was ready to be on his own and away from the toxic environment in which he was raised. He applied for public assistance benefits through the Department of Human Services (DHS) and as part of the eligibility requirements he was mandated to attend an outpatient chemical dependency program. At the age of 20, Joe moved into his first apartment, began his first semester of college and started attending outpatient treatment.

Imagine a young man who has experienced multiple traumas trying to make profound changes in his life. During this transformation Joe became overwhelmed, turned back to prescription drugs and began missing outpatient sessions. Shortly after, he was discharged from treatment for non-compliance and because of this was sanctioned by DHS and was no longer eligible for benefits. Without public assistance he lost his apartment and, feeling hopeless, he dropped out of community college. With nowhere to turn—feeling ashamed and not knowing how else to cope—he returned to live with his mother and began using heroin again.

Joe is a classic example of when good intentions go wildly astray in human service systems. Every day someone like Joe gets lost in the transition from adolescent to adult services; policies and procedures intended to mandate compliance and achieve positive outcomes end up punishing those seeking services. In many of our programs something is fundamentally wrong.

## RESPONDING TO TRAUMA

*How we respond makes all the difference between truly helping and further pushing someone away.*

For more information, please visit  
[www.endingpovertynow.org](http://www.endingpovertynow.org)  
or call (585) 242-6482

Rochester-Monroe Anti-Poverty Initiative

Convened by

